



## ***SAVED BY YOUR SAFETY BELT?***

Traffic safety advocates across Missouri are working to increase awareness of the lifesaving benefits of safety belts by recognizing fellow Missourians who survived a traffic crash because they were buckled up.

New members to this elite club will receive a Certificate of Recognition, a vehicle magnet, a sample news release that can be sent to your local newspaper to publicize the award, and a nice award of your choice.

On the back of this letter is a membership application for Missouri's *Saved by the Belt* club. The Missouri Coalition for Roadway Safety (a coalition of local, state, and national safety partners) will review applications to determine eligibility. Your crash must have occurred within the past 18 months. A copy of the accident report that was completed by a law enforcement agency must accompany your application. Applicants who have committed a serious traffic offense will not be considered.

Regardless of the circumstances surrounding a motor vehicle crash, a person is more likely to survive when they are securely restrained by a safety belt or child safety seat. We appreciate your willingness to share your story!

For further information contact: Coordinator  
*Saved by the Belt*  
MoDOT Highway Safety Division  
573-751-4161 or 800-800-2358



**"Saved by the Belt"**  
**MEMBERSHIP APPLICATION**

(Please Type or Print)

**An internal review committee will evaluate all applications. An application will be denied if a criminal charge was filed against the applicant as a result of this crash; the committee retains sole discretion to approve eligibility for membership.**

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***Nominee Information*** *(nominees are limited to individuals 16 years of age or older at the time of the crash and who are permanent Missouri residents)*

Name: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ (home) (\_\_\_\_\_) \_\_\_\_\_ (work/other)

Street Address (no PO box): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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***Crash Information*** *(crash must have occurred within the past 18 months)*

Date of Crash: \_\_\_\_\_ Location of Crash: \_\_\_\_\_  
City State

Describe how your safety belt eliminated or reduced injury or death in your crash (attach additional sheets if needed):

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Would you allow information about this crash (names, addresses, photographs) to be used in media coverage? ☐ Yes ☐ No If yes, please sign: \_\_\_\_\_

If nominee is a minor, signature of parent/guardian: \_\_\_\_\_

Is nominee willing to participate in a formal presentation or media event? ☐ Yes ☐ No

Is nominee willing to let MoDOT submit a news release to the local paper? ☐ Yes ☐ No

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***Award*** *(all items are imprinted with SAVED BY THE BELT logo)*

Choose your 1<sup>st</sup> and 2<sup>nd</sup> choice of award. If your 1<sup>st</sup> choice is unavailable, the 2<sup>nd</sup> will be substituted.

☐ Tee-Shirt plus Adjustable Ball Cap (Check shirt size: ☐ Sm ☐ Me ☐ Lg ☐ XL)

☐ Auto nylon vehicle sunshades ☐ Rollup throw—sweatshirt material (approx. 48"x54")

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***Submission*** ***Mail this application with a copy of your law enforcement Accident Report to:***

MoDOT Highway Safety Division P.O. Box 270 Jefferson City, MO 65102